



SHORT TERM/DAILY RENTAL TAX
QUARTERLY REPORT FOR COLLECTION AND REMITTANCE
(Pursuant to City of Salem Code Section 82-176 through 82-183)

Owner Name: _____

Trade Name: _____

Mailing Address: _____

Salem City Rental Location: _____

Business Tax Contact Name: _____ Phone #: _____

Federal Tax ID #: _____ VA Sales Tax #: _____

Description of Rental Property: _____

The receipts reported are for the quarter ending:
_____ **March 31** _____ **June 30** _____ **September 30** _____ **December 31**

Gross Receipts for all Rentals	\$
Gross Receipts for Short Term Rentals	\$
Computation of Tax (1% of line 2)	\$

I, the undersigned, hereby certify under penalty of perjury, that the information provided herein, is true and correct to the best of my knowledge and belief. By signing, written or electronically, I also certify that I am the owner or authorized agent for the company named above.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____